

CLAIMS AS FILED - PART I

| FOR | (Column 1) NUMBER FILED | (Column 2) NUMBER EXTRA |
|---|----------------------------|----------------------------|
| BASIC FEE (37 CFR 1.10(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = | * |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

- SMALL ENTITY

| RATE | FEE |
|--------------|-----|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|--------------|-----|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) MINUS | (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 4) PRESENT EXTRA |
|---|--|---------------------|--|-----------------------------|
| Total (37 CFR 1.16(c)) | 4 | Minus | 45 | = |
| Independent (37 CFR 1.16(b)) | 1 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

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AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) MINUS | (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 4) PRESENT EXTRA |
|---|--|---------------------|--|-----------------------------|
| Total (37 CFR 1.16(c)) | | Minus | | = |
| Independent (37 CFR 1.16(b)) | | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) MINUS | (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 4) PRESENT EXTRA |
|---|--|---------------------|--|-----------------------------|
| Total (37 CFR 1.16(c)) | | Minus | | = |
| Independent (37 CFR 1.16(b)) | | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to claim or retain a benefit by the public which is to the benefit of the USPTO to process an application. Confidentiality is provided by 35 U.S.C. 102 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. The time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief, Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2